Dr. John Williams

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-030593
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1250

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

0397
20.397 2 DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

FILED AUG 21 1962

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD
Length of stay in 1b: 20 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. JOHN'S HOSP.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: GREENE
c. CITY OR TOWN: SPRINGFIELD
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 459 S. MAIN
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ANN Middle ELIZA Last BUCKNER

4. DATE OF DEATH: Month AUG. Day 16 Year 1962

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/29/89
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED REGISTERED NURSE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): NIANGUA, MO.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: WILLIAM N. BUCKNER
13b. MOTHER'S MAIDEN NAME: CAROLYN SKIDMORE
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of servic: No
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. A.B. HOGAN, Address: SPRINGFIELD, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arthritis - Sclerosis - generalized
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture R. hip 6/14/62 open reduction

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7/9/53 to 8-16-62 and last saw her/him alive on 8-11-63
Death occurred at 6 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John Coe McClain Jr. M.D
22b. ADDRESS: Springfield Mo
22c. DATE SIGNED: 8/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 8/18/62
23c. NAME OF CEMETERY OR CREMATORY: HAZELWOOD
23d. LOCATION (City, town, or county) (State): SPRINGFIELD, MO.

24. FUNERAL DIRECTOR ADDRESS: H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.
25. DATE RECD. BY LOCAL REG.: 8-20-62
26. REGISTRAR'S SIGNATURE: Effie L. Meeks

(Licensed Embalmer's Statement on Reverse Side)

Permit 8-16-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Terrence T. Shadley

Signature of Student Embalmer

Licensed Embalmer No. 4816

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.